



South Carolina Department of Insurance

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MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

MEMORANDUM

DATE: January 26, 2006

TO: All Licensed Insurers and Health Maintenance Organizations Who Earned Gross Premiums During the 2005 Calendar Year

FROM: Ann Bishop
Supervisor, Life, Accident and Health Forms Section

RE: Certification of 2005 Earned Premiums for Health Insurance Plans Delivered or Issued for Delivery to Small Employers in South Carolina and Survey Questions for 2006 Annual Report of the Small Employer Insurer Reinsurance Program Board

In accordance with South Carolina Code of Laws Section 38-71-1410 (K), please provide the following information no later than April 15, 2006. **An officer of the company must sign the certification.** Please return the certification to: Ann Bishop, Research and Compliance Analyst, South Carolina Small Employer Insurer Reinsurance Program, P.O. Box 100105, Columbia, SC 29202-3105.

1. Were you a small employer insurer as defined in South Carolina Code of Laws Section 38-71-1330 in 2005?
Yes_____No_____ (If no, do **not** return.)

Carrier Name: _____
Address: _____
Contact Name: _____
Phone Number _____
E-mail: _____

2. Are you a reinsuring or risk-assuming insurer as defined in South Carolina Code of Laws Section 38-71-1330?
Reinsuring_____Risk-Assuming_____
(Note: This is **not** an opportunity to change your election.)

3. Please specify the total gross premiums earned during the 2005 calendar year from health insurance plans delivered or issued for delivery to small employers in South Carolina:

\$ _____

4. Please specify gross premiums earned during the 2005 calendar year from newly-issued health insurance plans delivered or issued for delivery to small employers in South Carolina:

\$ _____

Note: Gross premiums earned includes reinsurance premiums.

5. Please specify the number of small employers insured in South Carolina and the average number of employees per small employer for the following years:

	<u># of small employers</u>	<u>average # of employees</u>	<u>estimated total employees</u>
2001	_____	_____	_____
2002	_____	_____	_____
2003	_____	_____	_____
2004	_____	_____	_____
2005	_____	_____	_____

6. Please specify the change in the actuarial base rate and/or index rate for premiums charged to small employers in South Carolina in the following periods:

1/1/01-12/31/01	_____
1/1/02-12/31/02	_____
1/1/03-12/31/03	_____
1/1/04-12/31/04	_____
1/1/05-12/31/05	_____

7. Please estimate the percentage of small employer plans that were issued at or below the index rate in South Carolina during 2005. _____%

8. Please attach a description of the procedures that you have in place to ensure that you are fairly marketing plans offered to small employers in the State of South Carolina.

I certify that the information provided is true and accurate to the best of my knowledge, information and belief.

Signature of Officer Certifying

Date

Print Name of Officer Certifying

Title of Officer Certifying